

A REPORT ON HEALTHY AGING IN HENDERSON COUNTY

Michele Skeelee, Coordinator
June 2006



HENDERSON COUNTY
COUNCIL ON AGING, Inc.

LIVABLE AND SENIOR-FRIENDLY
C O M M U N I T I E S

HENDERSON COUNTY

Table of Contents

Introduction	1
Research	2
Henderson County Characteristics	3
County Map	4
Methodology	5
The Issues	6
And the Survey Says	7
Graphs and charts	8
Open Responses	14
Focus Groups	15
Recommendations	18
Acknowledgements	20
Appendices	21
Endnotes	23

Introduction

For the next 18 years, one American will turn 60 years old every seven seconds¹. The face of aging in our communities will reflect the changing needs and desires of Baby Boomers, born between 1946 and 1964, as they head towards senior living. The demand for housing alternatives, transportation assistance, and medical and other supportive services will increase as American society ages. Communities around the nation have begun to address the challenge created by this wave of future retirees and to reassess the definition of healthy aging.

In conjunction with the 2005 White House Conference on Aging, “The Booming Dynamics of Aging: From Awareness to Action”², several states, including North Carolina, issued a **Livable and Senior Friendly Communities Initiative**³. The Henderson County Council on Aging (COA) was charged with conducting a **Livable and Senior Friendly Communities Survey**, one of the first such surveys in the state. An important goal of the survey has been to listen to older members of our communities to determine what they feel is most important when it comes to helping seniors age in place and remain independent. Their unique perspective on the experience of successful aging is imperative as we seek to make effective choices regarding increasing needs.

Research around the country, through a variety of resources, supports a common definition of a livable community. AARP, in its report to the nation on livable communities states:

“A livable community is one that has appropriate and affordable housing, adequate options for mobility, and the various community features and services that can facilitate personal independence and the continued engagement in the community’s civic and social life. Each of these elements contributes to successful aging.”⁴

The National Governor’s Association regards a senior friendly community as having “at a minimum, three elements of community design [which] are essential to helping older people retain their independence:

- Point-to-point public transportation that is efficient and accessible.
- Affordable, quality housing that accommodates people of all ages with disabilities.
- Opportunities for older people to remain active in their community.”⁵

Research Indicates . . .

Ninety-three percent of older adults around the country report that they want to remain in their own homes as they grow older⁶. Besides improving quality of life for older adults, helping seniors stay at home is one of the most cost-effective ways to take care of the elderly. By comparing the cost last year of various ways of caring for more than 500,000 older adults on Medicaid, researchers at the University of California found that “Medicaid saved an average of \$15,000 a year for each person who received care at home, instead of at a nursing home.”⁷ It is reported that the majority of the care older adults need as they age is “personal care, not medical care”⁸. Yet, based on a Congressional Budget Office analysis in 2004, only 23% of Medicaid spending supports home care⁹.

Health affects the quality of life at any age. In *Successful Aging*, a ten year study documents that “lifestyle choices and behaviors have a greater influence on how we age than any other factor, including genetics.”¹⁰ Studies by the CDC have concluded that active people have lower healthcare costs, on average, than inactive people. Encouraging older adults towards an active, healthy lifestyle helps to prevent future problems and the associated costs. Neighborhoods can be designed to support friendly environments for walking, biking, and community interaction. Active older adults are also less likely to suffer from isolation and depression.

Community engagement can foster a sense of meaning and purpose as well as enhance self-esteem and a sense of self-control in late life. “Social and intellectual stimulation associated with all forms of community engagement may help counteract one of the most pressing problems facing our aging population, cognitive decline.”¹¹

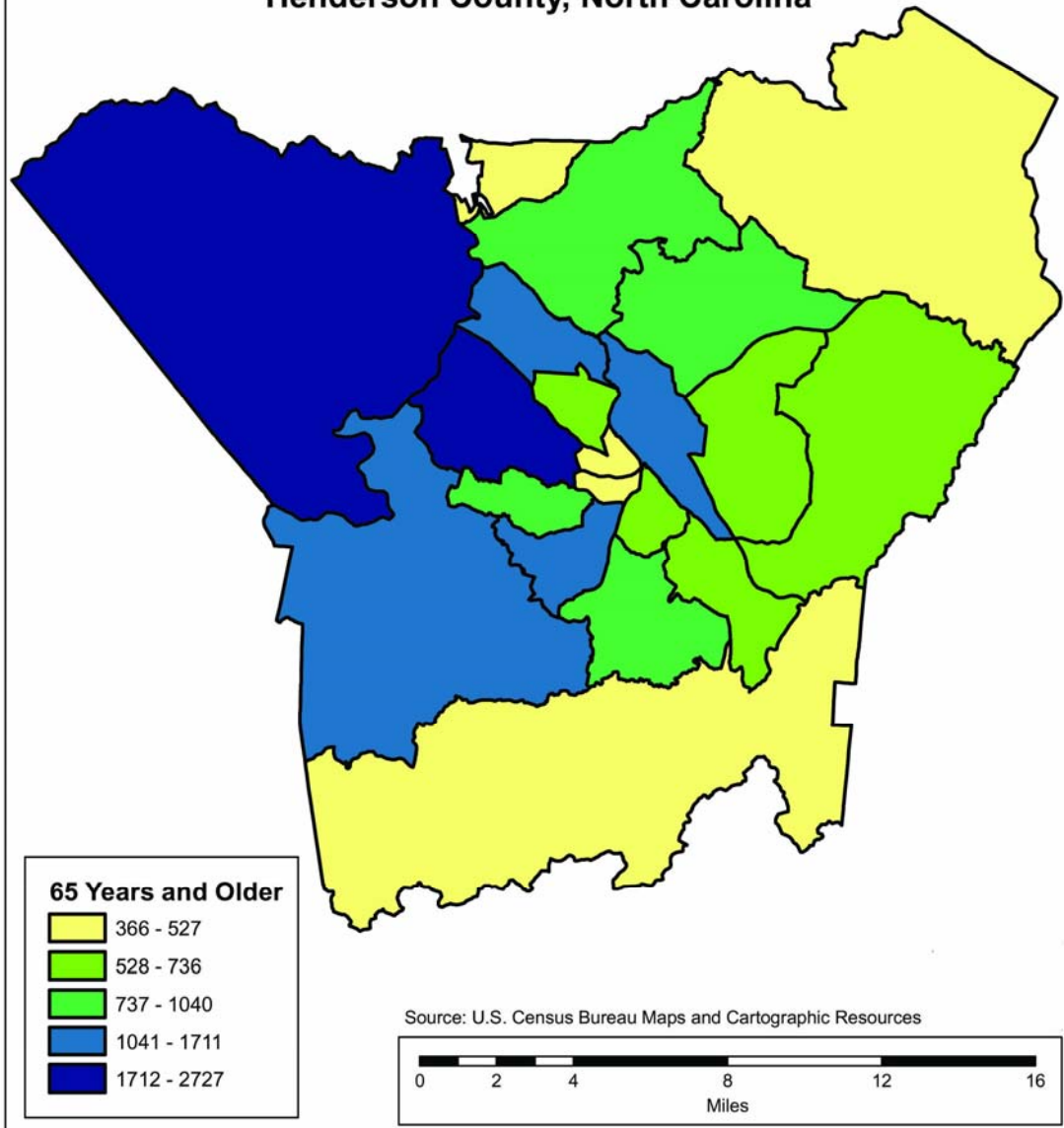
Transportation is a critical aspect of helping older adults remain independent. One out of every five people 65 and older does not drive.¹² “For older people, mobility is a vital component of their quality of life and having affordable, easy-to-use, and flexible transportation options are essential. Without mobility, older Americans pay the price of isolation – poorer physical and mental health.”¹³

Henderson County Characteristics¹⁴

- Total population (2002) – 92,980
- Population age 65 and above (2002) – 19,636 (21.1%)
- Baby Boomer population (2002) – 24,174 (26%)
- Projected total population in 2010 – 107,566
- Projected population in 2010, ages 65 and over – 27,030 (25%)
- Males age 65 – 74 who are widowed (2000) – 5.4%
- Females age 65 – 74 who are widowed (2000) – 26.2%
- Males age 75 – 84 who are widowed(2000) – 13.4%
- Females age 75 – 84 who are widowed (2000) – 46.8%
- Males 85 + who are widowed (2000) – 26.8%
- Females age 85 + who are widowed (2000) – 68.4%
- Median Family Income (2004) - \$50,500
- Median Household Income ages 65 – 74 (1999) - \$32,707
- Median Household Income ages 75 and over (1999) - \$26,957
- Percent of persons age 65+ below poverty (1999) – 27.4%
- Persons age 65+ in the labor force (2000) – 5.3%
- Percent of persons age 65+ receiving Social Security – 93.6%
- Percent of persons age 65 + with one disability – 18.7%
- Percent of persons age 65 + with two or more disabilities – 17.4%
- Percent of persons age 60+ that are – White (97.3%), African American (1.7%), Latino (0.7%), Native American (0.1%), Asian (0.3%)

Number of Residents 65 Years and Older by Census Tracts

Henderson County, North Carolina



Methodology

In order to complete a Livable and Senior Friendly Community Survey, the Henderson County Council on Aging was awarded a grant from UNC-Chapel Hill and added a project coordinator to the staff. The Healthy Aging Council, which is composed of representatives from a variety of agencies in Henderson County (see Appendix 1), acts as a steering committee for the project and offers guidance at monthly meetings.

The survey for Henderson County was written with ten questions in each of four categories which are central to successful aging. Adults 65 and older were asked to answer “yes”, “no”, or “doesn’t apply” to each question. They were also asked to answer background questions related to demographics, such as age, gender, race, education, and location within the county.

Nearly 2000 surveys were distributed beginning in November 2005, at locations around the county. Presentations were made at community club meetings, churches, and civic organizations such as Lions Club and Kiwanis. An interactive online survey was also available for older adults at the Henderson County Council on Aging website (www.hendersoncountycoa.org).

By the end of March 2006, over 500 surveys had been returned and tabulated. As part of the process of determining community needs, a variety of agencies that serve older adults were questioned about perceptions of healthy aging, based on their work with clients. Focus groups met with older adults, service agencies, and Baby Boomers.

Seven focus groups for older adults were held with members of the Hendersonville Community Food Co-op, Star of Bethel Baptist Church, Living Waters Baptist Church, Sammy Williams Center for Active Living, the Pardee Health Education Center, the Edneyville Senior Center, as well as with volunteers for the Council on Aging. Approximately 60 older adults participated in discussions concerning their perceptions of successful aging and the challenges they face in the community.

Two focus groups were held with serviced agencies in Henderson County, including Council on Aging, the Housing Assistance Corporation, Department of Social Services, Park Ridge Home Health, and Four Season Hospice and Palliative Care. Many other agencies answered and returned questionnaires that were sent to them. And finally, a focus group was held to allow Baby Boomers to weigh in on the issues they feel will directly affect the quality of their older years.

The Issues

The Livable and Senior Friendly Communities Survey for Henderson County focused on four issues that contribute to the ability of seniors to age in place and remain independent.

Mobility

- access to public transportation
- transportation options for disabled persons
- walkable neighborhoods
- safe, well-marked roadways

Living Environments

- access to affordable housing and housing options
- financial assistance with property taxes
- universal design within homes to facilitate mobility and function for disabilities and changing physical needs
- assistance with home repairs and modifications
- access to green spaces

Wellness

- availability of exercise, health education and disease prevention programs
- the availability of affordable health care options when illness does occur
- sufficient community support for people in the role of caregiver

Community Engagement

- volunteer opportunities and civic involvement
- meaningful employment
- relationships with family, friends, neighbors, and the natural community
- opportunities to engage in continuing education and the arts

Inherent in each of these categories is the issue of safety, in our homes, on the streets, and in our neighborhoods.

And the survey says . . .

- 35% of respondents live in Hendersonville.
- 50% have lived in their neighborhood ten years or less and only 8.5% have lived in their neighborhood for more than 50 years.
- 34% live in retirement communities.
- Most own their own home (57%) and are not currently employed (87%).
- An overwhelming majority (80%) belong to a church or other organization.
- 50% volunteer, some up to 30 hours per week.
- 75% are between 65 and 84 years of age, and 60% are women.
- 95% of respondents are white, 4.5% are a minority race (3.7% are African American).
- Education was evenly divided between secondary, college and graduate school.
- Only 10% reported household incomes under \$10,000 and 30% reported incomes over \$40,000 annually.

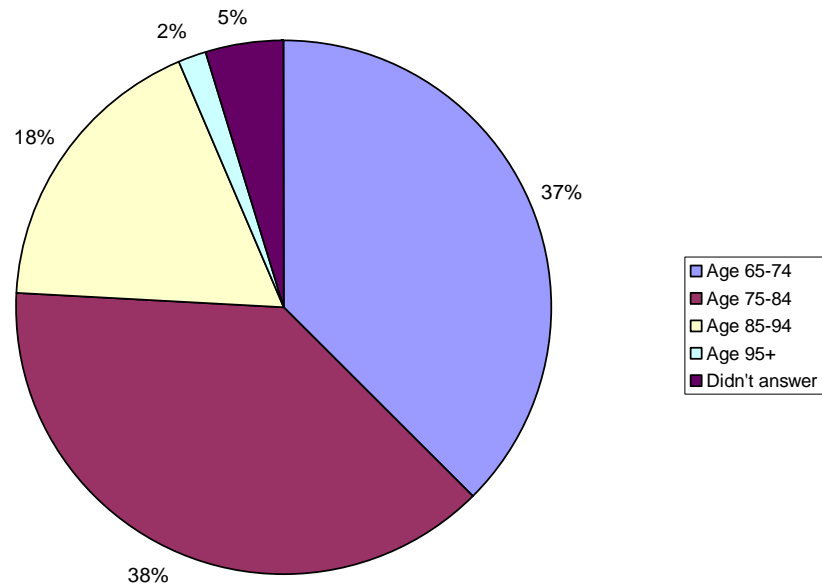
Most older adults agree that . . .

- They feel safe in their homes and neighborhoods (90%).
- Feeling connected to the natural world is important to quality of life (83%).
- People their age are valued and respected (83%).
- There are good opportunities for work or volunteering (88%) and they are active adults (86%).
- They have good access to libraries, community centers, and recreational activities (83%).
- Having young people in their lives is important (79%).

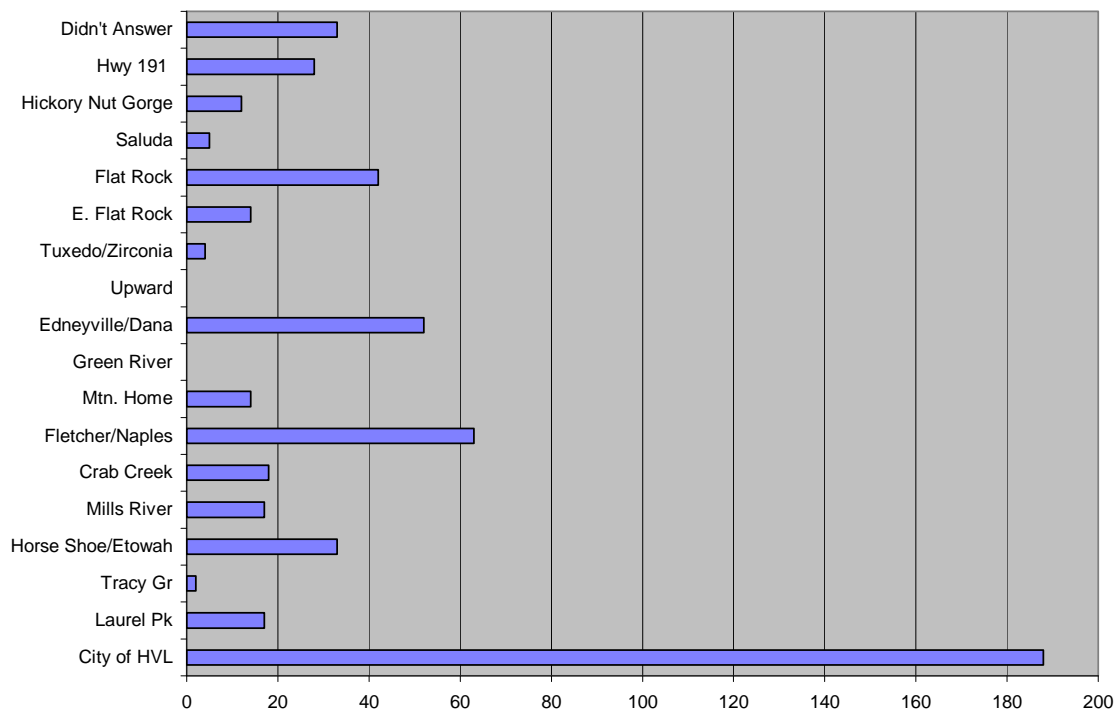
Surprisingly, many said . . .

- Information about healthy aging and disease prevention is easy to obtain and understand (81%).
- Nutritious food is available and affordable (87%).
- They have adequate healthcare coverage (87%).
- They are able to see a MD, dentist, eye doctor, or hearing specialist when needed (87%).
- Choosing between buying food or medicine is not an issue (82%).

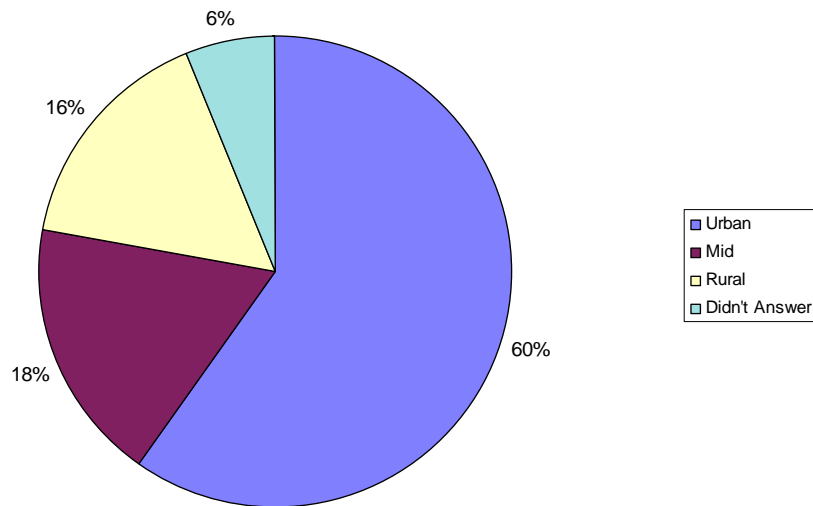
Age of Respondents



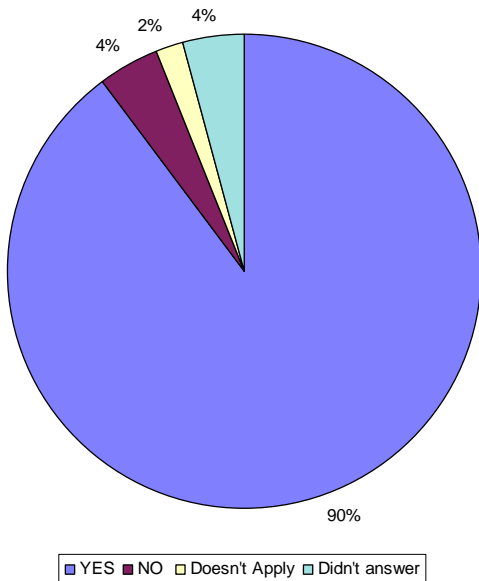
Which section of the county do you live in?



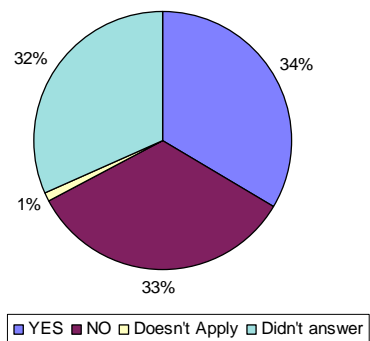
Section of the County



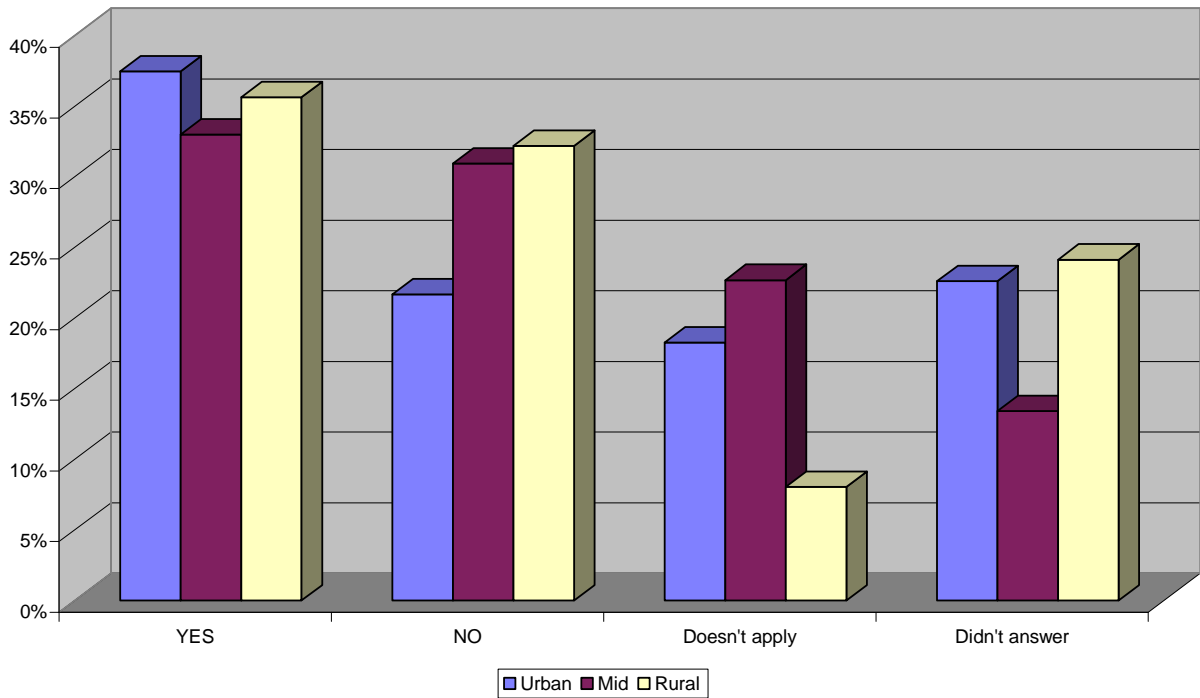
Over 50 years in same neighborhood: Do you have family or lifelong friends in the community?



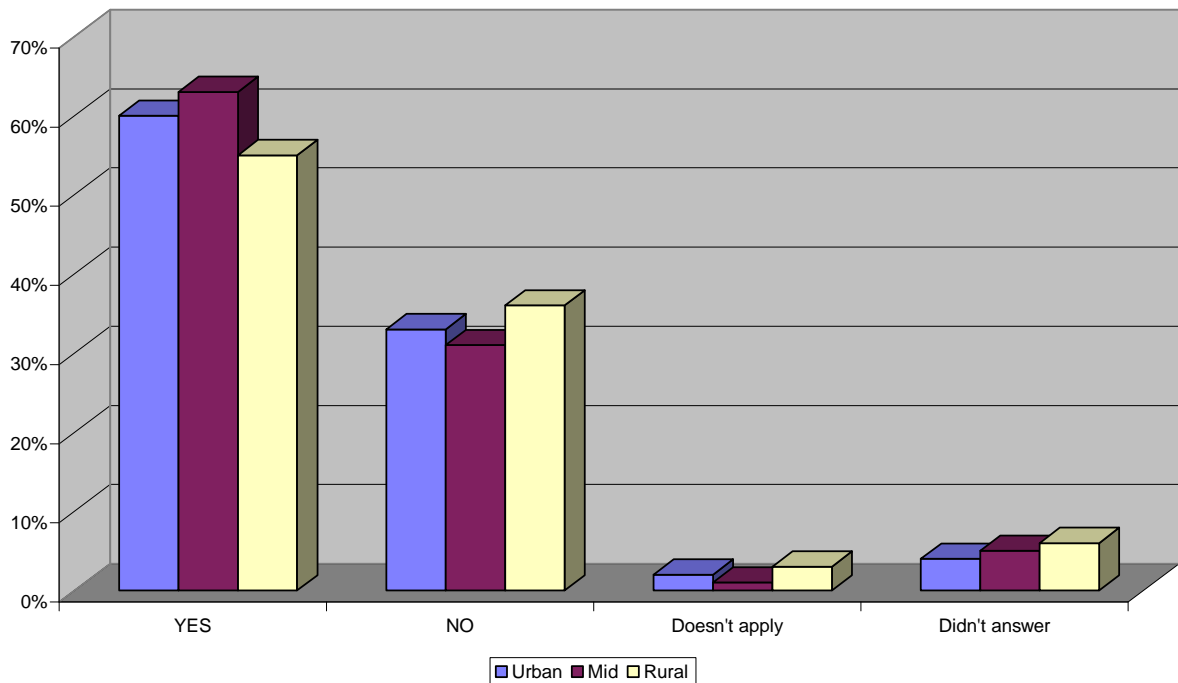
0 - 10 years in neighborhood: Do you have family or lifelong friends in the community?



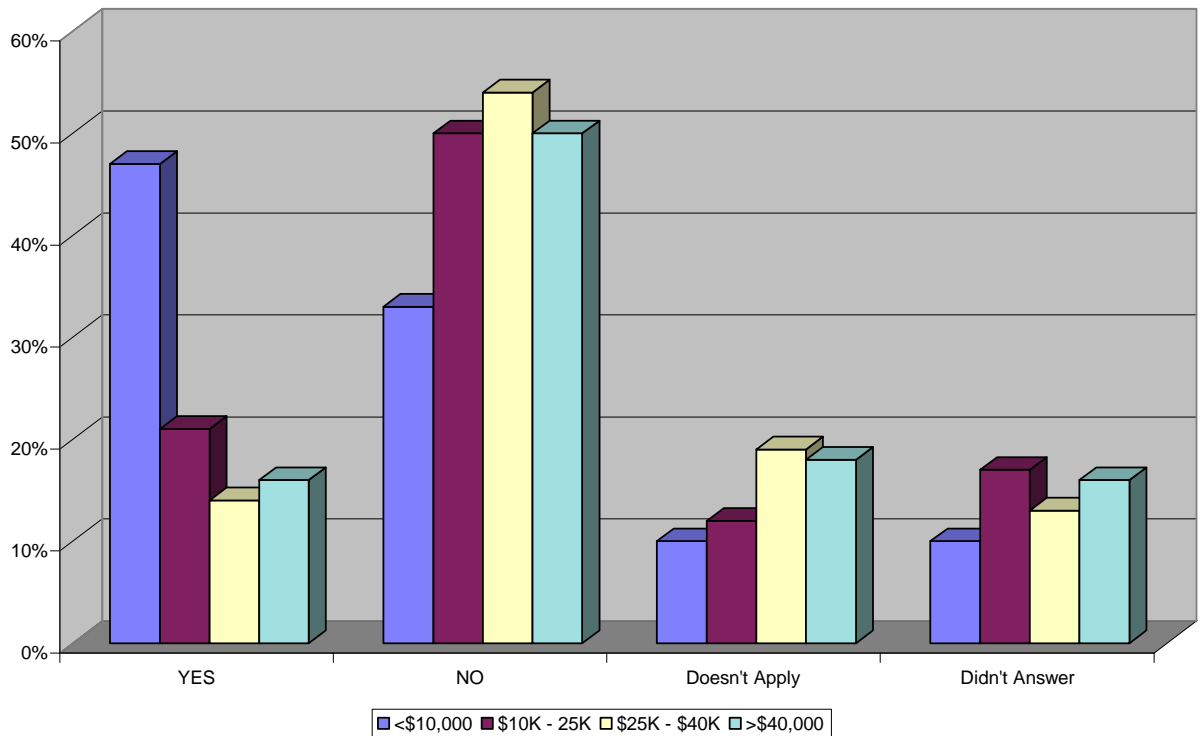
There is adequate community support for persons acting as a caregiver.



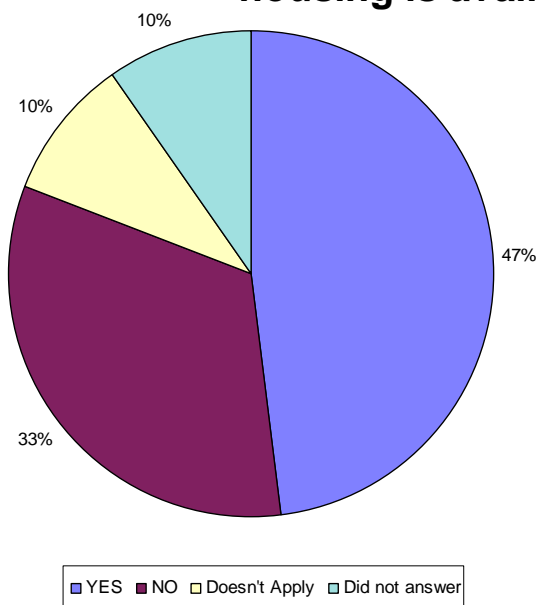
I have concerns about the quality of air I breathe or the water I drink.



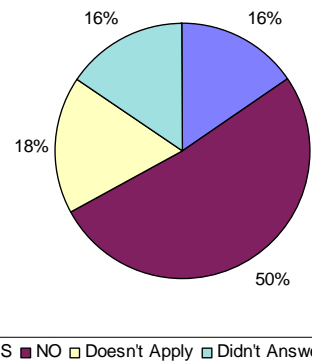
Affordable housing is available for all older adults.



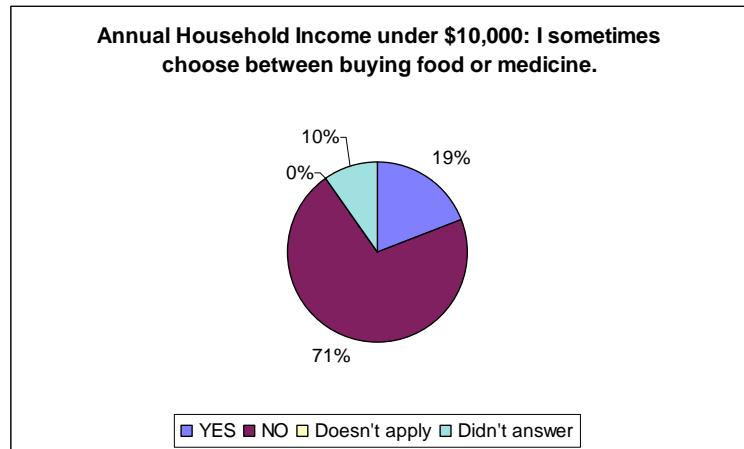
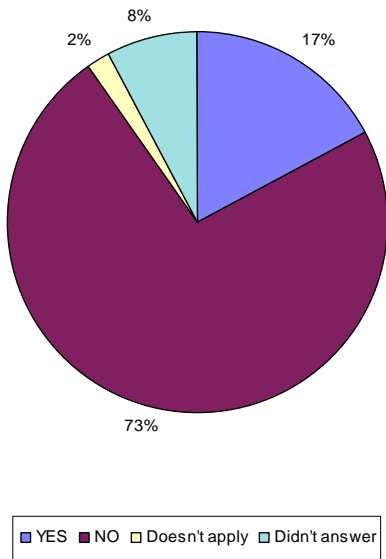
Annual Household Income under \$10,000: Affordable housing is available for all older adults.



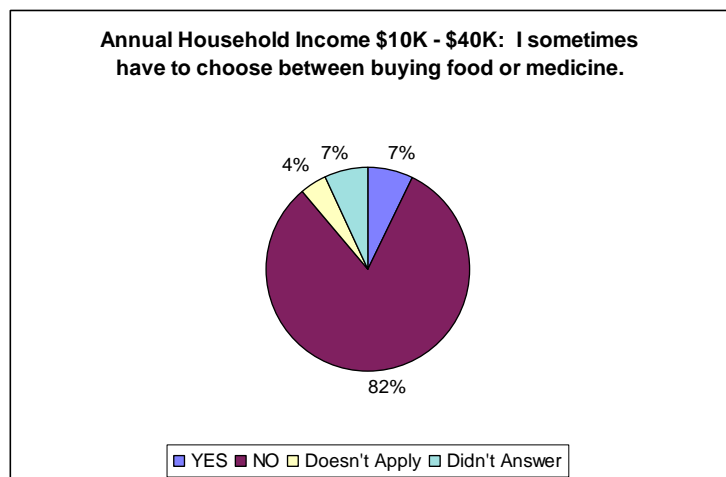
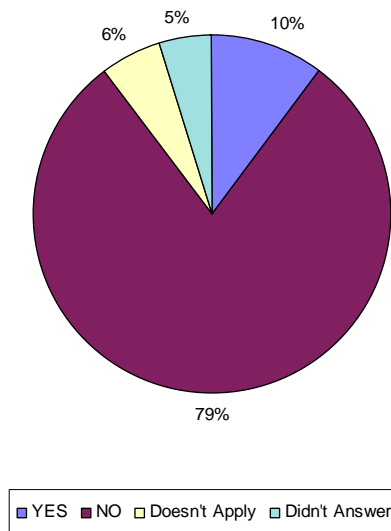
Annual Household Income over \$40,000: Affordable housing is available for all older adults.



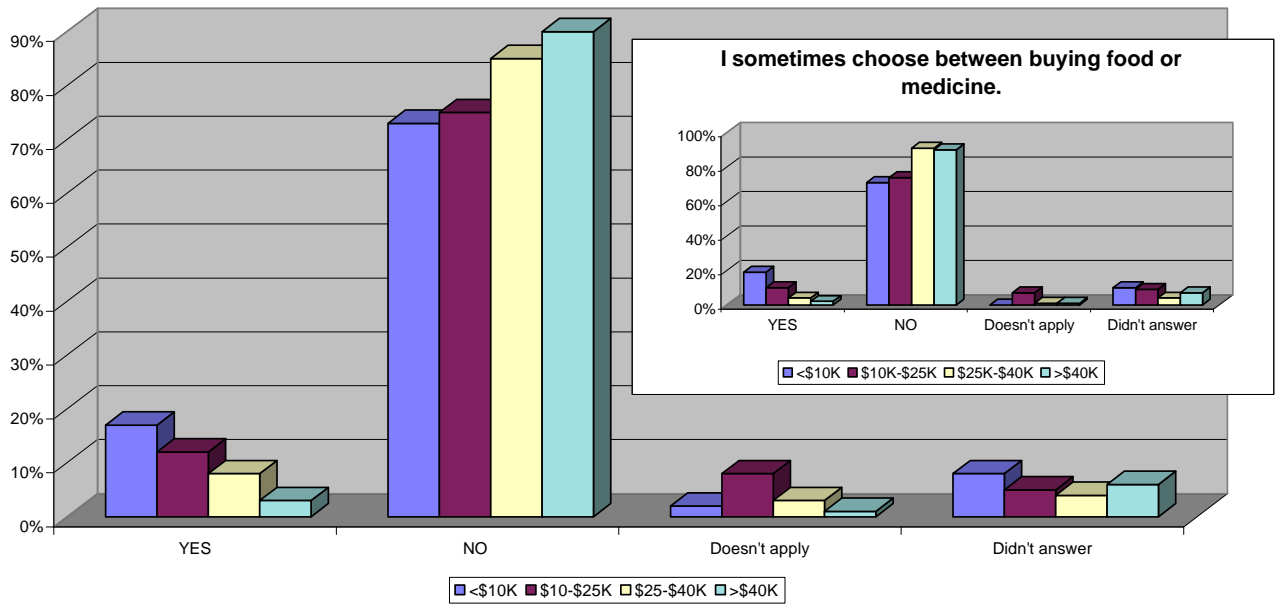
Annual Household Income under \$10,000: There have been times when I needed to see a doctor but did not because of cost.



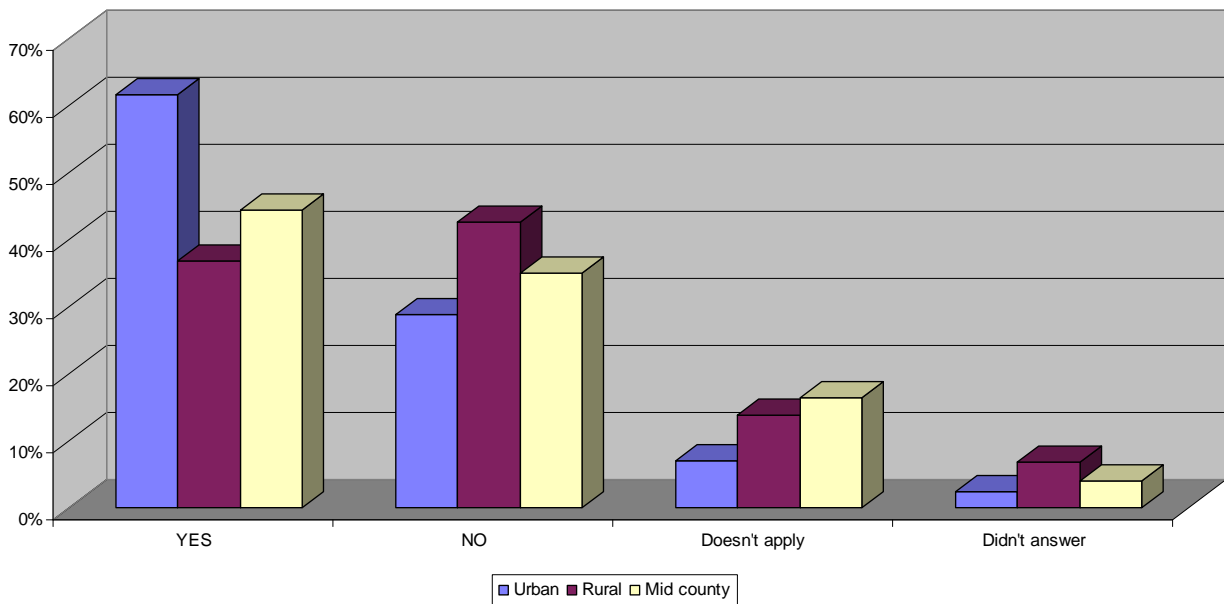
Annual Household Income \$10K - \$40K: There have been times when I needed to see a doctor, but did not because of cost.



There have been times when I needed to see a doctor but did not because of cost.



It is safe to walk, bike, or use a wheelchair in my neighborhood.



Open Responses

At the end of each section of the survey, respondents were asked to answer the phrase, “I would like to see . . .” in their own words. It was clear that common themes were present in each category.

When asked about **mobility**, people responded that they’d like to see

- more public transportation opportunities,
- sidewalks (and to a lesser degree bike paths),
- attention to excess traffic in the area,
- safer roadways with wider shoulders.

Improvements in **wellness** included

- adequate and affordable healthcare for everyone, including dental and prescriptions,
- in-home support services (covered by Medicare),
- more support for family caretakers,
- more information about complimentary healthcare choices,
- more opportunities for recreation and healthy living classes.

On the subject of **living environments**, responses were mostly about

- affordable housing for everyone, particularly those who do not qualify for subsidized housing,
- accessibility in homes and businesses,
- safer places to walk and bike,
- concerns about clean air and water,
- transportation options,
- more law enforcement,
- easier access to information about available assistance.

Suggestions for **community engagement** were

- more arts and recreational events (with senior rates and transportation available),
- more neighborhood and community activities,
- more parks and green spaces,
- places to walk (sidewalks, greenways, and wider roadside shoulders),
- opportunities for intergenerational activities.

Several times in the open response section, respondents expressed their gratitude for living in a community with so many opportunities for older adults. Some said they admire the job being done by the medical community and were impressed with the free clinics. Others said the Council on Aging is doing an excellent job of providing services to seniors. Often though, individuals who responded to open questions and in focus groups expressed more concern about key issues than survey trends would indicate.

In Focus Groups, Older Adults Said . . .

What are you doing to stay healthy?

- Eat properly . . . “I eat.”
- Drink lots of water, take vitamins
- No smoking, moderate drinking
- Exercise. . . walk, dance, garden, table tennis
- Stay active, mentally and physically
- Volunteer and pursue hobbies
- Stay connected to family and friends
- Support groups for chronic health challenges
- Keep a good attitude . . . humor and laughter!

What do you see as the biggest challenge to healthy aging?

- Not enough public transportation
- Isolation
- Housing costs
- Communities are not walker-friendly
- Not enough community centers for nutrition, exercise, and socialization
- Difficult to find in-home help
- Information dissemination
- Cost of prescriptions

What are the most significant barriers to solving these challenges?

- Budgetary restrictions at local, state and federal levels (Community building does not return financial investment like big business, war, etc.)
- Public attitude (a notion of scarcity vs. plenty)
- Mindset of older adults
- Not enough advocates for the elderly
- Under-trained and underpaid healthcare workers
- Shortage of volunteers

Describe your ideal aging experience . . .

- Enough money to be comfortable
- Ability to see sky and green places every day
- Staying active and alert up to the last year
- Sharing with loved ones
- “I want to live in my house as long as I live!”
- To accept what comes with grace, experiencing gratitude for each day.
- “Lying on a beach in St. Thomas with a good book!”

What would you like to tell service agencies and policy makers?

- Pay more attention to seniors who are falling through the cracks,
- You’re not in touch with the real seniors in the county. Remember, you’ll be old one day too.
- Get more 80 year olds on boards
- Henderson County has more to offer older adults than so many other areas; we forget how lucky we are.

In Focus Groups, Service agencies said . . .

- We see a desire to stay at home, with access to services.
- Important to support older adults’ right to self-determination
- Accessibility, availability, and affordability of services (both medical and non-medical) for seniors to age successfully at home
- Caregiver support is limited, transportation is difficult.
- More balance between the social model and the medical model of assistance
- More emphasis on preventive, non-medical options for maintaining health

Agencies say the barriers to addressing challenges are . . .

- Marketing to the community and funding sources
- Lack of awareness of needs for successful aging
- Lack of education among clients AND policy-makers
- Youth-focused culture
- Political climate and current policies
- Economics
- Medical model dominance
- Clients don't ask for help until a crisis occurs, need better education
- Isolation
- Better communication between agencies
- As the baby boomers age, pure numbers will be a barrier.

Based on their responses to surveys, agencies feel that . . .

- The need for many services is not being met in Henderson County.
- Affordable housing (including emergency, transitional housing) and affordable healthcare (including prescription assistance) are the two top issues that should be addressed for successful aging in the future.
- More comprehensive transportation options should be available for older adults
- An accurate information network is needed to inform older adults of available services.

Baby Boomers responded . . .

- We remain healthy by eating right, drinking clean water, exercising, preventive health care, and nurturing community.
- We see the challenges as “genteel poverty” (the educated, working poor), public transportation, affordable housing, and “take a pill” mentality.
- Underlying factors include, lack of community planning and a mindset of “independence” instead of “interdependence.”
- Barriers to solving issues are public funding, ageism, religious barriers, a decline in “wisdom elders”, marketing that does not support the “public commons” . . . all of us working in common.
- As a community, we need to enlarge our definitions, **think outside the box for solutions.** We support connection and cooperation.

Recommendations

Perhaps as a result of the large retiree population in the area, Henderson County is already far ahead of many other areas in the state with supportive services for older adults. We have service agencies standing ready to assist whenever and however they can. We have several local hospitals which serve the community in the role of health educators and cheerleaders for active lifestyles. A healthy sense of cooperation and partnership exists between the various agencies and non-profit organizations which serve the community.

But older adults in Henderson County reflect the trends found in recent research. Through the survey, in focus groups, and during conversations at community clubs and churches around the area, some of the most mentioned aspects of aging challenges faced in our communities include:

- difficulty getting from place to place without a car,
- affordable housing choices,
- the need for supportive services in the home,
- support for caregivers working to maintain a loved one at home,
- isolation of the elderly,
- affordable healthcare (a complete “system overhaul”)
- and easy access to information about assistance,

The primary challenge seems to be the use of financial and human resources in the most effective way possible in support of older adults who choose to remain in their own homes.

From this point forward, we are in a position to create livable communities in our county which support people of all ages. One aspect of livable communities is affordable housing options for a wide range of incomes. Roughly 31% of people over 65 have housing expenses that exceed 30% of their income.¹⁵ Those expenses include not only mortgage or rent costs, but utilities, taxes, and repairs.

Options are available in Henderson County, but not enough to meet the need for affordable housing in the community. Much of the focus of new construction has been on high-end, high-dollar units. Incentives for builders to build a greater selection of reasonably priced homes would create more affordable housing

choices. Agencies such as the Housing Assistance Corporation are not always able to answer the workload of homes in need of repair. A shift in focus and planning is needed to fill the gap, particularly for older adults who fall somewhere between poverty and wealth, finding it difficult to manage.

In Henderson County, only two percent of State funds are used for home based services and 50% for nursing homes and adult care homes. As an anonymous advocate stated, “Nursing home care is valuable and necessary . . . when an appropriate option for the older person. But it should not be the only option available, particularly when the older person requests to stay home and can do so safely.”

In order to actively support aging at home and ease the number of elderly entering institutions, the community can:

- encourage Medicaid funding directed toward home-based services,
- encourage “consumer-directed” services in programs which allows seniors and families more control of their own care,
- increase assistance to modify existing homes to be safer and more accessible,
- provide more support for family caregivers, including financial compensation, and
- better utilize local adult daycare centers through scholarships and expanded transportation options.

Creative effort is required to help people remain mobile throughout the community with a combination of transportation solutions involving both the public and private sectors. Organized groups of volunteer drivers and taxi vouchers would help meet mobility needs of older non-drivers. More volunteers for outreach programs such as “Elder Neighbor” using the concept of support teams would help to ease isolation among the elderly.

Safe, walkable neighborhoods that provide access to nearby grocery stores and pharmacies promote a healthy, active lifestyle as well as foster a sense of connection among neighbors, helping to eliminate isolation. The Henderson County Council on Aging, in partnership with the UNC Highway Safety Research Center, is currently promoting safer routes for pedestrians with the *Walk Wise, Drive Smart* initiative. The Comprehensive Pedestrian Plan for the city of Hendersonville encourages the use of resources towards a more walkable

community as well. NCDOT is including pedestrian safety features along with changes in traffic flow through the city. The next step will be to create walkable routes from outlying areas into the city and other commerce areas.

Both older adults and service representatives have expressed the need for better information dissemination. The “211” referral hotline works well with the data that is available for dissemination, but some difficulty occurs because the information clearinghouse is located in Buncombe County. Even when help exists, solutions for Henderson County often go undiscovered. Community agencies such as Council on Aging and the Department of Social Services are working on plans to address the challenge of fast, accurate information being available for those who need it.

Acknowledgements

To everyone who took time to fill out a survey and return it, thank you. To the community clubs all over the county who fed me, listened to my presentation, and filled out surveys anyway, thank you. I never ate as well as those evenings spent in Gerton, Mills River, Dana, Mountain Page, and others. To the folks at agencies around the county who took time out of their busy days to answer my questions and talk to me about their concerns, thank you. To the volunteers who helped enter the hundreds of completed surveys into the data-base, thank you. To the University of North Carolina for funding this project, thank you. To Rebecca Hunter and UNC graduate students for their interest and participation, thank you. To the planning departments at the City of Hendersonville and Henderson County for creating various maps at my request, thank you. To Miriam Schwarz at SAGE Partners for sharing focus group materials, thank you. To my colleagues at the Henderson County Council on Aging who work each day to make a difference in the lives of older adults in our community, thank you. And to the scores of older adults who talked candidly during the focus groups and helped me develop new insights into what it means to age successfully, a most profound thank you.

Appendix 1

List of agencies and organizations on the Henderson County Healthy Aging Council:

AARP	MAHEC
Alzheimer's Association	Ministry Seven Rescue Mission
American Red Cross	Mountain Laurel Community Services
Apple Country Transportation	NC County Extension Services
Beverly Healthcare	NSHC
Blue Ridge Community Health Services	Opportunity House
Blue Ridge Community College	Pardee Health Education Center
Brian Center	Pardee Home Care
Carillon Assisted Living of Hendersonville	Pardee Hospital
Carolina Village	Pardee Pavilion Adult Daycare
Retired Clergy	Park Ridge Home Health
Compassionate Home Care	Partnership for Health
Division of Community Assistance	Pisgah Legal Services
Four Seasons Hospice & Palliative Care	Saluda Senior Center
Henderson County Council on Aging	Etowah Senior Center
Henderson County Department of Public Health	Salvation Army
Henderson County Department of Social Services (DSS)	Sammy Williams Center for Active Living
Henderson County Planning Department	Senior Tarheel Legislators
Henderson County Sheriff's Department, Victim Services	SHIIP
Highland Lake Yoga	Spring Arbor West
Housing Assistance Corporation	The Storehouse
Interfaith Assistance Ministry (IAM)	UNC Healthy Aging Research Network
Land of Sky Regional Council	USDA Rural Development
	VHP
	WCCA
	WCU/Pardee Education
	Western Alliance
	YMCA

Appendix 2

List of locations for survey dispersal:

Blue Ridge Baptist Church	Fletcher Library
Blue Ridge Center for Lifelong Learning	Fletcher Park Inn
Blue Ridge Community Health Services	Green River Library
Carolina Village	Henderson County Health Department
Compassionate Home Care	Hendersonville Community Co-op
Dellwood Apartments	Hendersonville Housing Authority
Department of Social Services	Hillside Commons
Druid Hills Family Practice	Laurel Park Town Hall
Edneyville Library	League of Women Voters
Edneyville Senior Center	Mills River Library
Etowah Library	Opportunity House
First Methodist Church	Pardee Health Education Center

Park Ridge Home Health
Parkside Commons
Pine Park Inn
Saluda Senior Center

Sammy Williams Center for Active Living
Star of Bethel Baptist Church
Union Grove Baptist Church
Valley Clinic
YMCA

Appendix 3

List of clubs which hosted the Livable and Senior Friendly Survey:

AARP Chapter 8, Hendersonville
Barker Heights Community Club
Crab Creek Community Club
Edneyville Grange
Kiwanis
Living Waters Baptist Church seniors' prayer group
Lions Club
Mountain Page Community Club
North and South Mills River Community Club
Refuge Baptist Church, seniors' group
Upper Hickory Nut Gorge Community Club



Endnotes

-
- ¹ Beazley, *Knowledge Continuity in the Information Age*. (2002)
http://media.wiley.com/product_data/excerpt/61/04712190/0471219061.pdf
- ² www.whcoa.gov
- ³ www.dhhs.state.nc.us/aging/whcoa/whcoahome.htm
- ⁴ AARP, *Reimagining America: AARP's Blueprint for the Future*. (2006).
www.aarp.org/issues/reimagining_america/html
- ⁵ National Governor's Association Center for Best Practices, *Aging Initiative: State Policies for Changing America* (2004). Center on an Aging Society, Health Policy Institute at Georgetown University, Washington, D.C.
- ⁶ AdvantAge Initiative, (2004). *A Tale of Two Older Americas: Community Opportunities and Challenges*. New York, NY: Center of Home Care Policy and Research, Visiting Nurse Service of NY.
www.vnsny.org/advantage/resources.html
- ⁷ Lucette Lagnado, *Staying Put at 96*, *The Wall Street Journal*, Vol. CCXLVII No. 106, May 6-7, 2006.
- ⁸ AARP, *Reimagining America: AARP's Blueprint for the Future*. (2006).
www.aarp.org/issues/reimaginingin_america/html
- ⁹ Ibid
- ¹⁰ Jack Rowe and Robert Kahn, *Successful Aging: The MacArthur Foundation Study of Aging in America*, New York: Pantheon Books, 1998.
- ¹¹ AARP, *Beyond 50.05, A Report to the Nations on Livable Communities: Creating Environments for Successful Aging*. (2005).
- ¹² Ibid
- ¹³ AARP, *Reimagining America: AARP's Blueprint for the Future*. (2006).
www.aarp.org/issues/reimaginingin_america/html
- ¹⁴ North Carolina State Data Center (2003), <http://www.demog.state.nc.us>
US Bureau of Census (2003), <http://www.census.gov>
NC County Health Data Book, <http://linc.state.nc.us>
NC Division of Aging (2002), www.dhhs.state.nc.us
- ¹⁵ National Governor's Association Center for Best Practices, *Aging Initiative: State Policies for Changing America* (2004). Center on an Aging Society, Health Policy Institute at Georgetown University, Washington, D.C.